



PERSONAL LIABILITY & MEDICAL RELEASE FORM

Must be completed by each Participant and Advisor

School/Chapter Name	<input type="checkbox"/> Student <input type="checkbox"/> Advisor
Name of Conference or Event	Dates Held
Student's Name	Home Phone
Home Street Address	City Zip
School Name	School Phone
School Street Address	City Zip
Advisor's Name	Principal's Name

I HEREBY agree to release SkillsUSA Idaho, an association of SkillsUSA, its representatives, agents, servants, and employees, from liability from any injury, from any cause whatsoever, occurring to the above-named person at any time while attending a Conference/Event sponsored by SkillsUSA Idaho, including travel to and from the conference/event, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.

I do hereby authorize the SkillsUSA Idaho State Advisor, assistants, and/or designees, to administer and/or obtain routine or emergency diagnostic procedures, and/or routine medical treatment for the above-named person, as deemed necessary in medical judgment.

I agree to indemnify and hold harmless SkillsUSA Idaho, an association of SkillsUSA, and said State Advisor, and/or assistants and designees, for any and all claims, demands, actions, rights or action, and/or judgments by or on behalf of the above-named person arising from or on account of said procedures, and/or treatment rendered in good faith and according to accepted medical standards.

Having read and understood completely the "Code of Conduct" of SkillsUSA Idaho, an association of SkillsUSA, I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and will uphold at all times the finest qualities of a person representing SkillsUSA Idaho, an association of SkillsUSA.

Participant's Signature	Date
Parent/Guardian's Signature	Date

PARTICIPANTS:

Please check one

- ☐ I am under legal age and must have a parent or guardian sign this form. Otherwise, this form will be returned for a parent/guardian's signature.
- ☐ I am age 18 or older and can sign for myself.

All participants must sign this form.